

CRITICAL ISSUES AFFECTING
WOMEN

The SPEAKER pro tempore (Mr. KIRK). Under a previous order of the House, the gentlewoman from California (Ms. MILLENDER-MCDONALD) is recognized for 5 minutes.

Ms. MILLENDER-MCDONALD. Mr. Speaker, I have come tonight to reflect upon some of the issues that I was confronted with over this August recess with many women whom I spoke with, and they simply wanted to know what we were doing in this House and this administration in trying to address some of the critical issues that are affecting women today. As we know, the women of today and tomorrow will be the majority of the workforce and thereby need to have the necessary tools with which they can provide for their families and themselves.

As I talked with these women, they were really concerned about reproductive rights. They want to make sure that this House does not whittle away the rights that they should have to look into whether they will provide for their children, whether they will have the right to their own lives, to their own bodies; and they simply want to make sure that this House does not do anything that would be destructive to the rights of women in terms of their reproductive rights.

Domestic violence is another one that they have talked with me about, because they simply look at the number of women and children who are now on the streets, the streets across this Nation, the most powerful Nation on Earth, not giving the women, again, tools to provide for their families and themselves, giving them the job training that they need so that they can sustain themselves and their families, giving their children the type of education that is needed to provide them the type of future that is required for the workforce.

Mr. Speaker, we must simply look at the agenda that this Congress is bringing forth for women and their families, as well as this administration. We can really leave no family behind, as we talk about leaving no child behind.

So as I come tonight, I just want the American people to know that I will be here every week now trying to synthesize and look through the myriad of issues that we have here on this floor, to see whether or not we really are serious about leaving no child behind and ensuring that the women of today will be sufficiently prepared for the workforce tomorrow and for today.

So beginning this month-long effort, we want to look at the wellness of women and their families. We want to look into the public policy to find out whether or not this administration is serious about leaving no child behind. As we look at that, we simply look at the education proposal that has been put forth.

We do not have the money to talk about the class sizes that the urban areas and the rural areas look at in terms of their children's quality of health and quality of education. This budget does not speak to reducing class sizes. It does not speak to qualified teachers that will be teachers who are making the salary conducive to teaching our children. It does not speak to the construction of schools that will provide the proper type of environment for our children.

This education proposal that the President has put through will leave children behind if he does not put the type of financial support behind these words and this slogan. It will be an empty slogan if the money does not follow the message.

So if we are talking about leaving no child behind, especially in my district of Watts and Compton and Wilmington, where you have the most impoverished kids, you have to make sure title I has the type of funding that is necessary to bring these children forward, the type of classrooms that will teach them high technology, the type of qualified teachers that will be there to teach them and to have a type of constructive engagement that will help them through their period of schooling. Healthy Start and Head Start need to have financial support.

I will be looking very carefully at this education proposal, looking at the President when he speaks about leaving no child behind, to make sure that we have sufficient funding for math and science for girls, because as I have gone around this Nation over this last month, I have found that there is a considerably decreasing number of girls in math and science classes. We are not encouraging our girls to go into math and science, and yet these are the future engineers and scientists who will be speaking to and doing research on the quality of life for families. So that is one element that we need to look at. The other thing is that of health.

Mr. Speaker, I will simply say, I will be here every week to speak on health, education and the quality of life for women and their families.

FOREIGN POLICY AND OUR
NATIONAL SECURITY OBJECTIVES

The SPEAKER pro tempore (Mr. CANTOR). Under a previous order of the House, the gentleman from Indiana (Mr. BUYER) is recognized for 5 minutes.

Mr. BUYER. Mr. Speaker, earlier the gentleman from California (Mr. HUNTER) and I spoke on the issues of national security. I want to touch on an issue we do not really talk about much on the House floor, and it is the issue of foreign policy and how it relates to our national security objectives, i.e., our military strategy to

fight and win our Nation's wars, as the gentleman from California (Mr. HUNTER) likes to refer to, with overwhelming force.

We went through the 8 years of the Clinton administration and we had a foreign policy of engagement. The President has the responsibility of outlining what are the vital interests of a Nation. Then he turns to the Pentagon and says what is your military strategy now to protect the interests of a Nation that I have outlined?

President Clinton, what he had done in his foreign policy of engagement, took 275,000 of America's finest and spread them over 135 nations all around the world. What that did was create an expectancy by our allies and our friends that the United States will always be there. So when you looked at Germany, or the United Kingdom, other allies began to decrease their defense budgets relative to their GNP.

Time out. You are going the wrong way. So now we have had a change in administrations and a change in direction, so I give some counsel now unto the administration: when the United States has provided for the peace and the stability of two major regions of the world, the Pacific Rim and Europe, I believe the United States as a superpower, we can act. Whether it is unilaterally or in concert with another nation, if there is instability upon a region of the world, then we can act.

Take, for example, the continent of Europe. If there is an intercontinental conflict that poses no threat to destabilize the region, then our allies need to step up to the plate. We can provide assistance through our architecture of intelligence or through our airlift and our sealift, but we need to ask of our allies that they begin to accept greater burdens of peace and responsibility.

Now to the issue of our military force structure and how that relates to that foreign policy. There is a debate in the town about do we move away from the military strategy of being able to fight and win two nearly simultaneous major regional conflicts. I have never endorsed that two-major-regional-conflict scenario, but I think what is important and what I have heard the gentleman from California (Mr. HUNTER) say is it is in our interests, this Nation of ours, to not only protect our interests and that of our allies; when they need our assistance, we need to be highly mobile and volatile. I mean, it has to be lethal. It has to be a force that can respond rapidly.

So we can have debates, and the gentleman from California (Mr. HUNTER), I want to yield to him, to speak about the discussions he is presently having on the Committee on Armed Services about what should be the proper force structure as we move to the 21st century.

Mr. HUNTER. I am glad the gentleman is speaking today, because he is

one of our Desert Storm veterans and was over in the Gulf and watched what then was an overwhelming use of force against Saddam Hussein. I believe you have to be prepared. I think "be prepared" is the key position that the U.S. should take, because if you look at the forces that we used against Saddam Hussein, many of those forces came out of Europe.

Those were forces that were lined up initially in Germany and other parts of Europe to offset what we thought then would be a conflict perhaps with the Warsaw Pact, that is, with Russians and Russian allies, the Soviet Union.

But that did not happen. In the end, we moved those forces into that theater in the Middle East, and we used them with devastating effect against Saddam Hussein's own military, which was much touted as the fourth largest army in the world.

So I think the lesson there is that unusual things happen. If we had gone back over the last century and the 619,000 Americans who died in the 20th century in conflicts, most of those conflicts arose in ways that we in no way anticipated, whether it was December 7, 1941, or this last event with Saddam Hussein invading Kuwait.

The gentleman and I sat there on the Committee on Armed Services and asked our intelligence people, Which of you anticipated this invasion of Kuwait? One of the gentleman actually said, Before or after the armor started moving? We said, No, before. And none of them had anticipated it.

So the key here is to be prepared. If you have force, you can move it, just as we did the forces out of Europe. If you have the air power, you can move it around the world. That is what that gentleman illustrated when he fought in Desert Storm.

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THE EFFECTS OF HEART DISEASE AND CANCER ON AMERICAN WOMEN

The SPEAKER pro tempore (Mr. CANTOR). Under a previous order of the House, the gentlewoman from California (Mrs. CAPPS) is recognized for 5 minutes.

Mrs. CAPPS. Mr. Speaker, I rise this evening to bring attention to the threat that heart disease and cancer pose to the health of American women. I want to thank the gentlewoman from California (Ms. MILLENDER-MCDONALD) for organizing the Special Orders on women's health issues this evening and all during this month. As a nurse, I have made access to quality health care one of my highest priorities in Congress. I am particularly interested in making sure that there is equity in the access to health care between men and women.

Certain diseases and conditions are more prevalent in women than in men,

and certain diseases and conditions affect women differently. Often health care professionals and women themselves do not give these conditions and diseases the attention they need. Heart disease and stroke are perfect examples of this fact. Over half of all deaths from heart disease and stroke occur in women. That is over half.

More women die from heart disease each year than from breast, ovarian and uterine cancer combined, making heart disease the number one cause of mortality in women. But heart disease is usually believed to predominantly affect men.

As cochair of the Congressional Heart and Stroke Coalition, I have worked closely with the American Heart Association and the American Red Cross to raise awareness about cardiovascular disease and stroke. While women and minorities bear a major portion of the cardiovascular disease burden, they are often unaware of its life-threatening symptoms and are diagnosed at later stages of the disease, and they may not receive appropriate medical care or follow-up services. Addressing risk factors such as elevated cholesterol, high blood pressure, obesity, physical inactivity and smoking will greatly reduce women's risk of disability and death from cardiovascular disease.

Congress needs to do its part to make sure that doctors, patients and all Americans are educated about the symptoms and dangers that women face and all Americans face from heart disease and stroke. Very soon, I will introduce the Stroke Treatment and Ongoing Prevention Act, or STOP Stroke Act, in the House, so that we can raise public awareness of the disease and its symptoms.

Mr. Speaker, I also want to highlight now a few of the initiatives that address cancer treatment and research. Along with heart disease and stroke, cancer is a serious threat to women's health. As a member of the House Cancer Caucus, I joined with 44 of my colleagues to write to HHS Secretary Tommy Thompson to express our support for expanded Medicare coverage of positron emission topography, or PET scan, for women's health. PET is a powerful clinical tool that can assist health care providers in making life-saving diagnoses and determining the most effective treatment for women with breast, ovarian, uterine and cervical cancers. I am hopeful that Secretary Thompson will support this effort.

In addition, I am a proud cosponsor of the bill authored by the gentlewoman from Connecticut (Ms. DELAURO), which would require minimum hospital stays for women after mastectomies. In addition, I cosponsored two other initiatives this year relating to breast cancer funding and research.

The Breast Cancer Research Stamp Act extends the Breast Cancer Research semipostal stamp through the year 2008, and the Breast Cancer and Environmental Research Act studies the links between environmental factors and breast cancer. It is so important to keep in mind that increased research on these and other women's health concerns can and surely will improve the quality and length of our lives. For all of these reasons, we must continue to work together in a bipartisan fashion to ensure that women's health remains a high priority on the congressional agenda.

Mr. Speaker, I look forward to hearing from my colleagues in the Women's Caucus as the days go by on these and other issues that pertain to women's health.

HIV/AIDS IN AMERICAN WOMEN

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from the District of Columbia (Ms. NORTON) is recognized for 5 minutes.

Ms. NORTON. Mr. Speaker, I too come to the floor this evening to discuss a serious women's issue at a time when the women in the House are focused, as we approach the end of the session, on health issues. I want to remind the House that it is time to get serious about HIV and AIDS in women in the United States.

I have come to the floor with shocking statistics about AIDS worldwide where 50 percent of those with AIDS are women and, in Africa and Asia, whole continents are being engulfed with the disease. But we have not done our work here, and so with this emphasis this evening on health, I want to focus on preventing a preventable disease in women. What began as a so-called homosexual disease, we have quickly found out was a universal disease. But we have not targeted information and education about AIDS in women as a women's disease, and that is what this is.

There are two groups of women we need to focus on especially, very young women and women of color, because that is where the epidemic is. Among very young women between 13 and 24, half of the reported cases are women, 49 percent. And women of color, black and Hispanic women, are only a quarter of the population, but they are three-quarters of the AIDS cases. This is a wake-up call, I say to my colleagues.

What to do? First, we have not reached many women once. We have had better luck reaching men, because we have targeted them. After we reach them once, we had better reach them every 3 or 4 years, because as a whole new group of young women and young men, they never got reached in the first place, because they were too